

Lawrence Memorial Hospital Auxiliary Scholarship

Dear Applicant:

The Lawrence Memorial Hospital Auxiliary will provide a \$1000 scholarship for the 2011-2012 academic year to a qualified senior from Douglas County who is interested in pursuing a higher education for a career in health care.

The scholarship committee will consider all applicants who are high school seniors residing in Douglas County, have maintained a "B" average in high school, have a sincere interest in pursuing a career in health care, and plan to attend an accredited four-year college/university, two-year college, or vocational school.

Renewal of the \$1000 scholarship for up to four years of study will be considered annually as long as the student continues to maintain a "B" average and work toward the career goal in health care. Students must submit grades to the designated office each year to retain scholarship. If the above criteria are met the recipient of the scholarship will receive \$1000 at the time of tuition and fee payment each Fall semester.

The purpose of the scholarship is to encourage outstanding students as they pursue their post-secondary education. The scholarship will be awarded to a student with high academic achievement, school and community service, and a sincere desire to prepare for a career in health care. Need is a consideration, but not the primary determining factor.

Special consideration will be given to applicants who have served as junior volunteers at Lawrence Memorial Hospital. Working as a paid employee or volunteer in some aspect of health care is another special consideration but not a requirement for winning the scholarship.

Applicants must submit a completed application, official transcript, and a science teacher's written recommendation. The scholarship winner will be announced in late May.

Application deadline: March 17, 2011

Lawrence Memorial Hospital Auxiliary Scholarship Application Form

Name of Applicant _____ Phone # _____

Address _____ City _____

Zip _____ High School currently attending _____

Directions

- 1. Type responses to questions on page two.**
- 2. Attach a complete transcript and a science teacher's written recommendation.**
- 3. Return application by March 17, 2011 to:**

**LMH Auxiliary Scholarships
c/o Volunteer Services Office
Lawrence Memorial Hospital
325 Maine
Lawrence, Kansas 66044**

- 4. If you have received this application electronically it must be printed, signatures obtained, attachments included and returned by delivery to or mail to the above address.**

I hereby give my permission for release of my transcript, GPA, ACT or SAT scores, and class rank to the LMH Scholarship Committee and waive all rights provided under the Education Rights and Privacy Act.

Date _____

(Student's signature)

Date _____

(Parent's signature)

To Be Completed by the School Services Office:

Student's Cumulative G.P.A. _____

Class rank _____

Size of graduating class _____

ACT Composite Score _____

(Signature of School Service Official)

Please attach complete transcript.

Lawrence Memorial Hospital Auxiliary Scholarship Application

1. List important honors, awards, offices held, etc., beginning with grade 10 to present.
2. List important out-of-school honors, awards, offices held, community service projects, etc., beginning with grade 10.
3. List your parents' present address. (If parents are separated or divorced, list both addresses. Explain if there are unusual circumstances.)
4. List father/stepfather's place of employment, position or job title, and number of years with present employer.
5. List mother/stepmother's place of employment, position or job title, and number of years with her present employer.
6. List brothers and/or sisters and their current ages and grade levels.
7. List immediate family members who will be attending college or university next year and indicate the grade level of that person. Do not include yourself.
8. List summer and/or part-time jobs you have held, beginning with grade 10 to the present, indicating length of time on each job. Describe any job you have had in health care.
9. Write a **brief** statement about your plans for a career in health care (approximately 100 words or fewer).
10. What college, university, or vocational school do you plan to attend?
11. Write a **brief** statement explaining your financial need for this scholarship.
12. Have you received word of any financial award, i.e., scholarship, college work study, Pell grant, loan, etc. you will receive for next year? If yes, list what you will be given.
13. Have you served as a junior volunteer at LMH? If so, please give the dates of service and a brief description of duties.